AUTHORIZATION TO BIND CORPORATION

AND PAYMENT REQUEST APPROVAL FORM

The Board of Directors of the _____

in a duly executed meeting held on _____ and where a quorum was present, resolved to authorize:

Signature: _____ **Date**: _____

Name: _____ Title: _____
(Type/Print)

Signature: _____ **Date:** _____

Name: _____ Title: _____
(Type/Print)

Signature: _____ **Date:** _____

Name: _____ Title: _____
(Type/Print)

to negotiate and sign any State Indian Health Program (IHP) grant and any payment requests that may result. The undersigned hereby affirms he/she is a duly authorized officer of the Corporation and that the statements contained in this document are true and complete to the best of his/her knowledge. The undersigned further affirms that the applicant accepts, as a condition of the grant, the obligation to comply with the applicable State and Federal requirements, policies, standards and regulations. The undersigned further affirms that the funds shall be used to deliver primary medical, dental, and community health services to program beneficiaries. The undersigned recognizes that this is a public document and is open to public inspection.

Signature: _____ **Date**: _____
(Corporate Officer's Signature)

Name: _____ Title: _____
(Type/Print)

Form Completion Instructions: At least two persons must be authorized to sign payment requests. A current Authorization to Bind form must be kept on file with the IHP**.** A copy of this form and the IHP address may be found at www.dhs.ca.gov/ihp.

When changes to this authorization occur please submit an updated Authorization to Bind form within ten (10) working days.

All signatures must be in blue ink.